REFERENCES

AND REVIEWS

CLINICAL APPRAISAL OF CYCLOPHOSPHAMIDE IN MALIGNANT NEOPLASMS—H. L. Atkings, H. G. Gregg, and G. A. Hyman. Cancer, 15:1076 (Sept.-Oct.) 1962.

Cyclophosphamide was administered to 87 patients, almost all of whom had solid tumors. One-third of the patients showed some response to the drug, and complications were few. The drug seemed to be most promising in undifferentiated uterine carcinoma, carcinoma of the overy, and reticulum cell sarcoma. Leukopenia without thrombocytopenia appeared regularly. Alopecia occurred in 20 per cent of the patients.

I. ANALYSIS OF THE IMMUNE ACCUITNATION OF RED CELLS —H. S. Goodman. Transfusion, 2:327 (Sept.-Oct.) 1962.

The influence of immunologic factors such as antigen and antibody beterogeneity, number of antigenic sites, and temperature on agglutination were demonstrated. A quantitative agglutination procedure was used.

II. Analysis of the Acceptination Reactions Characteristic of the Rh System—H. S. Goodman and L. Masaitis. Transfusion, 2:332 (Sept.-Oct.) 1962.

The failure of blocking Rh, antibody to agglutinate Rh positive cells in saline was found to be due to a disparity in the binding power of the bivalent sites of the antibody molecule. Antiglobulin antibodies link two stably attached antibody molecules. Enzyme treatment of red blood cells produces agglutination by increasing the binding power of the Rh, antigen. The weak agglutination of Rh, (D^u) cells is due both to a deficiency of the number of antigenic sites and the weakness of their antibody binding.

RH., VARIANT—Da: I. Its FREQUENCY IN A MIXED POPULA-TION; II. Its DETECTION WITH DIRECT TUBE TEST—P. Sturgeon. Transfusion, 2:234 (July-Aug.) 1962.

To estimate the frequency of ccD"ee in the Los Angeles blood donor population, a survey based on an initial screening with Anti-D of 18,365 bloods was made. Approximately 14 per cent (2,635) were D negative; among these, 244 were either C, D", and/or E positive. Seven type ccD"ee bloods were found, five from negroid and two from caucasoid subjects. The respective incidence in the two groups was found to be 1 in 6,000 and 1 in 500 of the total population or, in the Rh negative population, 1 in 1,000 and 1 in 25. A direct tube "stick" test for D" is described. This requires a high protein reagent and forceful centrifugation.

GRANULOMATOSIS INFANTISEPTICA—P. H. Moore and B. G. Brogdon. Radiology, 79:415 (Sept.) 1962.

A case of granulomatosis infantiseptica due to Listeria monocytogenes is recorded to illustrate the major features of this disease. The radiographic finding of a diffuse miliary or granular infiltrate superimposed on emphysematous lungs in a critically ill premature or newborn infant delivered of a febrile, or recently febrile, mother suggests the diagnosis.

RESULTS OF TREATMENT IN GLOMUS JUGULARE TUMORS WITH EMPHASIS ON RADIOTHERAPY—J. D. R. Miller. Radiology, 79:430 (Sept.) 1962.

Forty cases of biopsy-proved glomus jugulare tumor (five cases in a personal series, 35 from the literature) have been reviewed and divided into two groups on the basis of clinical features. From the results of treatment it appears that (Continued on Page 66)

Ideal Fecal pH in correction of CONSTIPATION

LIQUID

encourages lexative intestinal flora A stool pH of 6 or 5 usually indicates a normal lactobacilius flora and a pH of 7 to 9 is abnormal, indicating a deficiency of lactobacilius—the correlation being about 94%.

MALTSUPEX achieves its natural lexative action by encouraging and maintaining the growth of low pH lactobaciflus flora. As stool pH approaches 6, patients taking MALTSUPEX attain a natural laxative effect. Chronically constipated patients on a MALTSUPEX regimen were greatly relieved of their constipation and passed soft, easily evacuated stools, all patients having a fecal pH between 5 and 6.2

MALTSUPEX is safe for infants, a effective in oldsters—safe and effective in all constipation.

Dosage, Description and Supply: Adults—2 tablespoonfuls twice a day, reduced as indicated. Infants—¼ to ½ adult dosage. MALTSUPEX is a nutritive food concentrate derived from the natural enzymatic digestion of barley. It is available as liquid or quick-dissolving powder in 8 and 16 ounce jars.

References: 1. Raddin, 1, 8,, and Dowell, L. B.; Amer. J. Gastroent. 37:24-40 (January) 1962. 2, Callewry, N.O.: Article to be published. 3. Reichert, J. L.: Pediat. Clin. N. Amer. 2:527-538 (May) 1955. 4. Hootnick, H. L.: J. Amer. Gerlat. Soc. 4:1021-1030 (October) 1956.

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